

TREATMENT OF
HEMORRHOIDS, BY INJECTIONS OF CARBOLIC ACID.

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“No person feels that he possesses one organ more than another, unless he has some disease of that organ. And, hence, the first intimation of impairment of health is the recognition of the fact that there is a preponderance of sensitiveness, or some abnormal sensation in one member of the body. So in rectal diseases the fact is always present to the mind of the sufferer that he has an anus.”—*Allingham*.

The Treatment of
HEMORRHOIDS,

— BY —

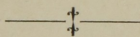
Injections of Carbolic Acid and Other
Substances,

— BY —

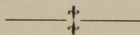
SILAS T. YOUNT, M. D.,

111

PHYSICIAN TO ST. ELIZABETH'S HOSPITAL, MEM-
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MEMBER INDIANA STATE MEDICAL SO-
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PECANOE COUNTY MEDICAL
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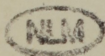
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As a Grateful Acknowledgement

OF HIS GENEROSITY TO THE YOUNGER MEMBERS
OF HIS PROFESSION, AND HIS MANY PER-
SONAL KINDNESSES, THIS LITTLE VOL-
UME IS MOST AFFECTIONATELY
DEDICATED BY

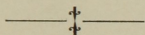
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INTRODUCTION.



WHAT IS THE PROPER TREATMENT FOR HEMORRHOIDS.

Until the last decade the only recognized treatments for hemorrhoids were *the ligature, the clamp and cautery and fuming nitric acid*. Even now there are men eminent and skillful who say that the above treatments are the only correct ones. Some of our largest and best medical journals say "that the treatment of hemorrhoids by carbolic acid injections is fraught with danger, and that the hemorrhoids are more likely to return than when ligated or clamped." This is the veriest "*bosh*," for we all know that under certain circumstances and conditions hemorrhoids will return, and it is impossible to cure them. For instance; the corpulent, the heavy

eater, the habitual beer drinker, the man with stricture of the urethra, and the woman with a misplaced uterus, cannot be cured of hemorrhoids by ligation, clamping, nitric acid or carbolic injections, unless the cause be removed or remedied. When the uterus has been replaced, the stricture of the urethra divulsed, and the heavy eater and drinker has regulated his diet and drink, then, and only then, can you cure the hemorrhoidal condition. A hemorrhoid once cured is cured, just the same as when ones arm is amputated it will not grow again, and if a hemorrhoid does show up in a few months or years, it is no sign that it is the same one that was once treated and pronounced cured. Now let us consider step by step, the real facts in the case. Let the merits and demerits be arranged side by side and see which is the best and proper treatment.

FIRST. — The ligature and clamp operator must anaesthetize his patient. else the pain will be unbearable. By the use of carbolic injections there is

no pain, and hence no risk or nausea from the anaesthetic.

SECOND.—The pain after ligating, &c., must be controlled by opiates, and opiates derange the bowels and destroy the appetite. After carbolic injections there is no pain or discomfort.

THIRD.—By ligating, &c., the patient is confined in his bed or house from one week to one month. By carbolic injections the patient walks from his place of business to his physician's office; has his hemorrhoids injected, returns to his store or shop and resumes his work unmindful of any operation on the rectum. In fact there never is any loss of time even with the most sensitive.

FOURTH.—There is always more or less risk from blood poisoning or sloughing. By use of the proper solution of carbolic acid there is absolutely no danger of blood poisoning or sloughing.

FIFTH.—It is unsafe to ligate, &c., the hemorrhoids of persons weak from loss of blood, or those who are weak

and sick from other diseases. Carbolic acid solutions can be injected into hemorrhoids in any case, no difference how weak or debilitated.

SIXTH.—Capillary hemorrhoids cannot be ligated, and these are the hemorrhoids that endanger life from loss of blood. True, cautery and nitric acid stop the hæmorrhage, but do not cure the pile. Carbolic acid solutions can be injected into the very seat of the disease and thereby cure it without loss of time or repeated loss of blood.

SEVENTH.—The dread of the pain resulting from the ligature, &c., often keeps the patient from having a second operation performed, and as a result he is soon back to his old condition again. With carbolic acid injections, there being comparatively no pain, there is consequently no dread of a second operation.

EIGHTH.—After using the ligature and clamp, there is a tendency of the cicatrix to contract and cause stricture of the rectum, thereby inducing an incurable disease for one that is

curable. Carbolic injections leave no cicatrices, and hence there is no danger of stricture.

A word concerning the strength of the carbolic acid to be used in injecting hemorrhoids. Fully two-thirds of all the physicians who treat hemorrhoids by carbolic injections, use too strong a solution.

You can get as good, if not much better results from a five per cent. than from a thirty or forty per cent. solution, and the great advantage of the weak solution over the stronger, is that the former is comparatively painless and never produces any sloughing, while the latter causes sharp, stinging pains, and often produces extensive sloughs and much suffering. There is no excuse or reason why one should use such strong solutions as we often see recommended in the various periodicals. There is no use in causing any unnecessary suffering, or exposing our patients to risks of excessive sloughing, as will often result from their use. It is rarely necessary to

use over a five per cent. solution, and very often a three per cent. will accomplish all that is desired. In October 1887, I personally requested a score of *Rectal Specialists* located in various parts of the United States, to inform me what results, if any, they had derived from the use of weak solutions of carbolic acid, (three or five per cent.) The following is a summary of the reports of two-hundred and eighty-seven cases :

Much less pain at time of injection.

No sloughing in any case.

No confinement to bed.

No loss of time.

No abscesses.

Only three failures.

Only seven relapses.

There is no organ that is so prone to become diseased as the rectum. There is no class of cases so little understood and treated as rectal diseases. There are no diseases so annoying and painful, and at the same time producing such dire results on the general system, directly and

reflexly, as rectal diseases. For years Rectal Surgery has been principally in the hands of itinerants, whose remorseless greed for money has caused them to treat for revenue only, and to play the vampire on all that fall into their clutches. It is high time for the general practitioner to gather up all the information possible, in order to be able to treat all patients suffering from rectal disease, and thereby drive the itinerants back to their previous occupation of tilling the soil.

Little did I think, when I first brought before the profession my little Monograph on the "Treatment of Hemorrhoids by Injections of Carbolic Acid and other Substances," that the first one-thousand copies would be exhausted inside of six months. As it is, my fondest hopes have been more than realized, despite the numerous imperfections, that so often occur in first editions. Appreciating very highly the kind reception the little work has received, I have entirely revised and rewritten the

text for the second edition, and have added several new and original cuts in order to more clearly illustrate the mode of treatment.

It was in the hope that this little Monograph may be the means of throwing some light on a disease that is most common, as well as annoying, that I was first induced to bring it before the profession, and if any good has come from it if any brother physician after reading it has been able to treat this disease more successfully to himself and less painfully to the sufferer, then I am satisfied that my work has not been in vain.

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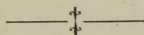
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CHAPTER I.



ANATOMICAL HINTS.

The rectum is the lower end or terminus of the intestinal canal, extending from the sigmoid flexure to the anus.

The rectum in position is between six and eight inches long, and is about two inches longer when dissected out. The course of the rectum is slightly S shaped as in the illustration.



(Fig. No. 1.)

A represents the anus ; B the tip of prostate gland ; C the third

sacral vertebra; D the left sacro-iliac synchondrosis. From A to B is the course of the rectum from anus to tip of prostate gland, a distance of one and a half inches ; from B to C is the course from tip of prostate gland to third sacral vertebra, a distance of three and a half inches ; C to D is the course from third sacral vertebra to the left sacro-iliac synchondrosis, a distance of three and a half inches. Thus it will be seen that to introduce a finger or speculum easily and painlessly, the direction should be first upward in the direction of the bladder, and then downward and backward.

In examining a patient you will often find a collection of feces, varying in amount from a few grains to several drams. This fecal accumulation is in the rectal fossa, and is favored by the anatomy of the parts as will be seen in the preceding cut. B to C would represent the rectal fossa. This collection of feces in the rectal fossa is what Brinkerhoff and his disciples call rectal ulcer, which they

show to the patients' friends and tell them that this accumulation will surely lead to consumption and death. I have gone with friends to see disciples of Brinkerhoff, and have had them show me what they called a deep-eating rectal ulcer; scoop out a lot of feces and say sympathetically: "Yes, there's the cause of all your friend's trouble; a large ulcer, that is rapidly and surely destroying his vitality, and if not treated will end in consumption from absorption of fecal matter." The facts in the case were that the person examined had no rectal disease. The so-called ulcer was nothing more nor less than the rectal fossa. In fact, almost every person examined by disciples of Brinkerhoff is told that he has rectal ulcer, and in the light of the anatomy of the parts, show that these men are either grossly ignorant, or arrant quacks.

The rectum derives its nerve supply from the cerebro-spinal (third and fourth sacral nerves,) and sympathetic.

The sympathetic nerve filaments, according to Krause, end in club shaped bulbs under the papillae of the rectum, near the anus. The intimate connection and close relationship of the sympathetic system to the sexual organs, the stomach, the liver, the heart, the spine and the brain, show what organs would be reflexly affected by any disease of the rectum, that will produce enough irritation to derange or disturb its equilibrium.

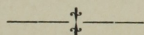
The lower portion of the rectum, and especially near the anus, is very sensitive, while the middle and upper portions possess very little sensibility. Thus it is easily explained, how masses of feces may accumulate in the rectal fossa without causing pain or discomfort. The applications of acids or injections of different substances cause little or no pain in the upper or middle portions, while in the lower portion, at or near the anus, they cause extreme pain.

Five arteries supply the rectum with blood, and five veins return it again to the general circulation. The

rectum is in reality one of the most vascular organs in the human body, and its functions naturally predispose it to many injuries, abuses and diseases.

There is no organ in the human body, except perhaps, the stomach and sexual organs, which is more abused and neglected. The rectum is not the reservoir for feces, and contains none, except during defecation, and what little may be left in the rectal fossa after defecation. The feces are always contained in the sigmoid flexure, which by its loose mesenteric attachment and position acts as a reservoir. The distance from the anus to peritoneum is variously estimated at from two and a half to four and a half inches. Perhaps three and three quarter inches would be a good average. The rectum is capable of great distension; a small hand (one seven and a half inches around,) can be easily introduced, when the patient is anaesthetized.

CHAPTER II.



The face, the gait, and the general appearance of the patient, often indicate to the physician, the nature of his disease. Family history, individual history, and the general condition of the patient, also, has much to do in aiding and facilitating a diagnosis. In order to locate any disease definitely, it is always necessary to make a physical examination, whenever possible, of the suspected organ or organs. Men and women, the world over, are sensitive, and reluctant about having examinations made of the rectum or sexual organs, but the man or woman who is not willing, or refuses to be examined, has not reached the point which admits of treatment.

Before examining a patient, it is always advisable to question closely, and find out how long he has had

rectal trouble. If he has pain, ascertain if it is constant or intermittent, sharp or dull; whether it is increased by defecation, and, if so, is it more severe before or after a movement of the bowels.

If he has haemorrhage, is it before, after or during defecation; and is it clear blood, or mixed with mucus or feces. If he have diarrhoea, find out if it be principally in the morning before breakfast and accompanied with tenesmus and griping.

POSITION.—For mere inspection of anus and surrounding parts, lying on the back is as good a position as any, and permits a digital examination as readily as any other. In making a digital examination always use the index finger, and lubricate it well with vaseline or olive oil. Carefully separate the external parts and press the ball of the finger gently but firmly against the sphincter until it relaxes. If the patient be young and strong, it may take a few moments pressure before the sphincter relaxes. If the subject be old or feeble, there is gen-

erally very little resistance from the sphincter. Unless there is some abnormal obstruction, the finger can be carried well up the rectum, and the distance may be increased by having the patient stand up and strain down. In this way three and a half or four inches of the rectum may be explored. By digital examination one cannot tell to a certainty, whether there are internal hemorrhoids or ulceration of the rectum, for the reason that hemorrhoids are often soft, and the folds of the mucous membrane so numerous and prominent as to confuse the examiner. Every physician should bear in mind that force is never justifiable in making an examination, no matter what disease is suspected. Before making an examination it is always advisable for the patient to use an enema of warm water to cleanse the rectum.

INTRODUCTION OF SPECULUM.—

To introduce a speculum, or pass a bougie, the patient should lie on the side with the breast turned downward and resting on the table. The hips

should be elevated by means of a hard cushion or pillow. Both thighs should be flexed; the one that is uppermost should be sharply flexed against the abdomen. Inject a dram or two of olive oil, or a four per cent. solution of cocaine in olive oil into the rectum. Then carefully separate the external parts and gently insert the end of speculum, and slowly push it first upwards toward the pubes, for an inch and a half, then tip the point backwards and press towards the sacrum and slightly to the left side. By following this course you will go along the natural direction of the rectum, as seen in fig. 1, and the introduction will be easy and painless. When the speculum is first introduced, there is generally a feeling as though the bowels were going to move, and when the speculum is withdrawn, especially if it is allowed to touch the buttocks, the patient is liable to think that he has befouled himself. In the examination of ladies, this feeling is very embarrassing, and has a tendency to prevent their straining down and

causes them to close the sphincter so firmly that no word from the physician can relax it. To obviate this trouble I am in the habit of injecting into the rectum a four per cent. solution of cocaine in olive oil a few minutes before introducing the speculum.

In examining women, one cannot be too careful about exposing their persons.

Women are naturally timid and the very thought of an examination is repugnant to their refined sensibilities. Consequently any unwarranted or careless exposure would naturally arouse their ire and they would cease to be treated. The best way to examine women is to throw a sheet or wrap over the dress, after they have been placed in position on the chair or table. Then carefully push up the dress and skirts, flex the thighs and introduce the speculum. A long towel should be placed around the speculum, so as to hide the person, and the cover should then be tucked over and around the limbs. The cover may be made especially

for such purposes and contain a slit or flap, through which the base of the speculum is pushed after introduction. By this means you do away with the towels and have no trouble about anything obscuring the light.

There are two ways of making an examination: first, carefully; second carelessly. In the first case, the cause and the disease may be easily located and the patient cured. In the second case, the patient's ideas and diagnosis of the disease are taken as facts, and he or she is treated accordingly. Follow the advice of Davy Crockett, who said, "Be sure you are right and then go ahead," and you will cure more patients than if you jump quickly and wildly to conclusions.

In order to make a thorough examination, it is not necessary to spend a small fortune in special or elaborate apparatus, private formulas, infallible cures and methods. All that is strictly necessary to make a thorough and critical examination, is a good strong natural or reflected light, a good speculum, and a good strong

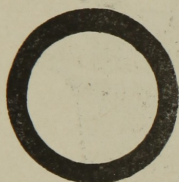
table or surgical chair. Fortunately light is cheap and easily obtained. If the day is dark, light your lamp, or gas, put a reflector behind the flame, and you have all the light you want. Always use a reflected light when possible and convenient.

SPECULA.—It is a rare thing, now days, to find a physician who has not invented a rectal speculum. At any rate, if he has not one of his own, he has ideas as to what constitutes a good speculum. It matters not who owns or designs the speculum, just so it embraces the following points:

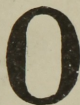
First, ease of introduction; second, ample room for examination or operating; third, good light and good reflecting power; fourth, the instrument should be simple in construction, with little or no mechanical parts, such as springs, ratchets, screws, &c., to catch and pinch the mucous membranes or prolapse the hemorrhoids.

There are many good specula in the market, but in our humble opinion, the author's speculum is the only one that embraces all the points enumerated.

Comparative diagram showing small or distal end of the Wedge End Rectal Speculum, also that of five of the most prominent speculums in the market.



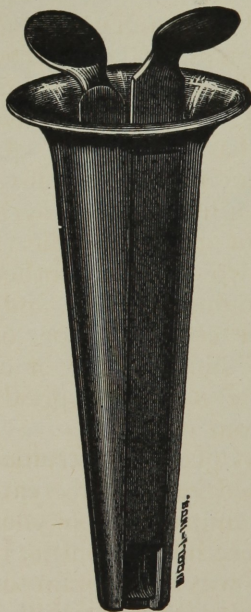
Exact size of small end of five most popular Rectal Speculums.



Exact Size of the Wedge End Rectal Speculum:

The Speculum is four and one eighth inches long, and is a perfect wedge in shape. The opening at the base is large enough to admit two fingers, and will permit almost any operation to be performed through it. The small end, or wedge shape, adds much to its reflective powers. The reflective powers and light are fifty per cent. better than any other speculum in the market. This of itself, is of the greatest consideration. The double slide permits a thorough examination of the rectum without with-

drawing the instrument. The slides extend to and form a part of the small end, leaving no blocked end to catch



(Fig. No. 2. The Author's Speculum.)

and prolapse the piles or pinch the mucous membrane. It is simple in construction, containing no screws,

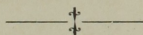
rachets, springs or catches to carry disease from one patient to another.

INSTRUMENTS, MEDICINES, &C.

For the examination and successful treatment of hemorrhoids, one needs the following instruments and medicines: One rectal speculum, one glass or hard rubber p. p. syringe, a probe, an applicator, (any stiff wire will do,) a hypodermic syringe, with or without a long needle, absorbent cotton, two wide mouthed bottles; one containing olive oil, and the other a five per cent. solution of carbolic acid. A small bottle of chemically pure nitric acid is a good thing to have in your case.

Finely plated instruments in a velvet lined case may create a more favorable impression on your patient, than a more homely outfit; but, by far the best way to obtain a patient's good opinion of your skill, is to cure his disease. This you can do as easily with an outfit that will not cost over eight dollars, as you can with one that costs fifty or more.

CHAPTER III.



HEMORRHOIDS.

Hemorrhoids or piles are nothing more nor less than a varicose condition of the rectal vessels.

Hemorrhoids are either external or internal. An external hemorrhoid is a varicose condition of one of the subcutaneous veins surrounding the anus, entirely external to the sphincter ani muscle, and though it be covered by mucous membrane, it does not come from the rectum proper, nor can it be forced above the external sphincter muscle. Internal hemorrhoids always originate within the rectum, and may exist indefinitely without appearing externally. When they do appear on the outside or the anus, it is generally the result of straining, increase in size or a relaxed condition of the sphincter.

An internal pile, after long exposure externally, changes altogether in appearance, the mucous membrane looking like integument.

The following rule always holds good : "Any hemorrhoid that originates below the external sphincter is an external hemorrhoid, and any one that originates above the external sphincter is an internal hemorrhoid."

In external hemorrhoids there is a varicose condition of the external hemorrhoidal vein, a disease of the general venous system. An internal hemorrhoid is a varicose condition of the middle or internal hemorrhoidal vein, and belongs, consequently, to the visceral venous system. There may be intermediate hemorrhoids, *i. e.*, those arising between the external and internal dividing line, and partaking of the character of both.

EXTERNAL HEMORRHOIDS.

The late Dr. James R. Wood, of New York City, was wont to say in his lectures on hemorrhoids : "Show

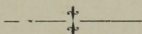
me a man or woman of middle age that has not external hemorrhoids, and I'll show you a duck that can't swim." In fact, it is one of the most common affections to which flesh is heir.

The majority of people rarely consult a physician for piles alone. It is only when they become inflamed or painful, or because the patient becomes run down and debilitated from the loss of blood, that he consults a physician. The causes of hemorrhoids are as various as the colors of the rainbow—affecting alike the rich and poor, the old and young, the weak and strong, the temperate and intemperate, and those who sit, as well as those that stand.

Constipation, pregnancy, a relaxed condition of the system generally, and a congested state of the liver are the most prominent causes of hemorrhoids. A weakened or dilated heart has tendency to produce hemorrhoids. Hemorrhoids are often secondary to diseases of the bladder, stricture of the urethra, enlarged prostate gland,

and stone in the bladder. Certain uterine displacements also favor the development of hemorrhoids and will prevent their successful treatment.

CHAPER IV.

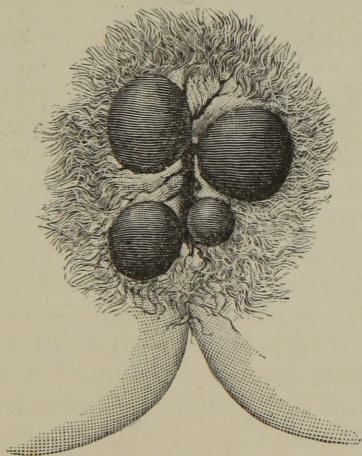


EXTERNAL HEMORRHOIDS.

External hemorrhoids are without doubt, the most common disease to which flesh is heir. This disease is no respecter of persons or occupations, attacking alike, the rich and poor, king and serf, old and young, or active and sedentary. The skin around the anus and the mucous membranes at the verge, are very delicate in structure, likewise very vascular and extremely sensitive. so that the least irritation may readily congest and inflame the parts and thus bring on an attack of hemorrhoids. The causes are various, oftimes simple and many times complex in character. The most common causes are: Constipation, congested, or torpid liver, drinking too much beer or other alcoholics, excessive smoking, eating

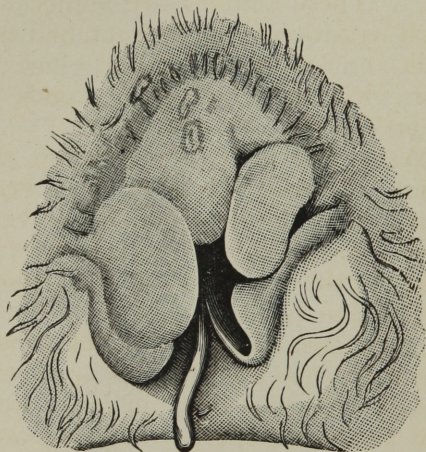
too much meat or taking too much or violent exercise, pregnancy, uterine displacements, stricture of the urethra, or chronic cystitis. By far the most common cause of external hemorrhoids is a congested or enlarged state of the liver, or any disease that retards or interferes with the portal circulation.

There are two varieties of external hemorrhoids: The first is a small, round or elongated venous tumor, of a sanguineous character:



External Hemorrhoidal Tumors.—Bodenhamer.

The second is simply a cutaneous tag, which ought to be called a hypertrophy or excrescence of the skin.



External Cutaneous Hemorrhoids,—Esmarch.

External hemorrhoids may arise in two distinct ways, namely: First, by a varicose condition of the vein; second, by dilatation and subsequent rupture of a vein, with extravasation of blood into the surrounding tissues. The first becomes a hemorrhoid of the second variety, when it is ruptured and its contents poured into

the surrounding tissues.

Usually it is a bluish, round tumor, about the size of a grape or pea. "These tumors are subject to much irritation from without, and as a result an exudation takes place in their vicinity, which finally ends in the production of a new tissue."

As a result of this exudate the tumor becomes more or less firm. These tumors ordinarily come on very slowly, and gradually increase in size, owing to the weakness of the veinous walls and to the irritation from without. These tumors often disappear spontaneously, leaving behind only the tell-tale cutaneous tag; but more often they become acutely inflamed and terminate by resolution, induration or suppuration. If it terminates in resolution there will be no trace of the tumor left, except, perhaps, a small cutaneous tag. If it ends by induration there will be left behind a chronic, inflamed state, with more or less tenderness on pressure or during defecation and some little oedema of the tumor. Such tumors always become

acutely inflamed on the least provocation. If the tumor terminate by supuration, the pain and swelling subside rapidly after the pus escapes, and a cutaneous tag is all that is left to mark the site. The second source of development of hemorrhoids is very often in the following manner: A patient while straining at stool will feel a peculiar sensation at and about the anus, which on examination proves to be a bluish smooth, almost solid tumor about the size of a hazel-nut, located at the verge of the anus. This is due to a rupture of a dilated vein, and the resulting tumor or lump is nothing more nor less than extravasated blood. These bloody tumors will often be quite tender and keep the patient from sitting down with any degree of comfort. These tumors should be freely incised with a sharp curved bistouri, and the clotted blood carefully and completely turned out. If any clots are left behind it will only prolong the healing process and be a source of much discomfort to the patient. The incision should be

made outward, radiating with the folds of the anus. A pledget of absorbent cotton or lint should be inserted into the wound for a few days to prevent too rapid union of the edges. External hemorrhoids of this variety, when not treated, may decrease in size after a week or so, and shrivel up, leaving only a cutaneous tag. If this tumor is not freely incised, or does not decrease in size from absorption of the clot, the chances are that it will become inflamed and after a weeks intense suffering end by suppuration. The discharge of the pus will immediately relieve all pain.

TREATMENT.

It is very rarely that a physician is consulted for external hemorrhoids. In fact it is only when they become inflamed and intensely painful that the physician is consulted. There are two ways of treating acute inflammation of external hemorrhoids, namely: Medicinal and operative. It is always best to try

medicinal measures first, and to resort only to the operative treatment in case of its failure. The patient should be kept quietly in bed and the following application faithfully applied:

℞. Cocaine mur. gr. v.
Ext. belladonnae ʒ ii
“ opii ʒ ii.
“ aconiti ʒ ss.
“ stramonii ʒ ss.
Glycerinae ʒ ss.

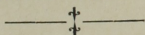
M. Sig: Apply on cotton or lint constantly. If this application does not afford relief in the course of a few hours, try applications of ice bags. With the above treatment, together with the daily use of laxatives, the attack will generally subside in thirty-six or forty-eight hours. If the treatment already outlined does not afford relief in forty-eight hours, operative measures should be resorted to in the following manner: Apply for half an hour before operating a six per cent. solution of cocaine, and a few minutes before you are ready to begin, inject fifteen or twenty minims of a four per cent. solution of cocaine into

the base of the tissues surrounding the inflamed pile. If the tumor be of a sanguineous character, it may now be freely incised as before described, and the clots turned out and warm applications kept up for several hours thereafter. If it be an inflamed cutaneous tag, the tumor should be seized with a pair of forceps and quickly snipped off with a pair of sharp scissors.

In clipping off external hemorrhoids be careful not to remove too much or too little tissue. If too much be removed the wound will be very slow to heal, and if several tumors be cut off there may be a disagreeable contraction of the skin. If too little is removed a cutaneous tag will be left.

It should be borne in mind that external hemorrhoids cannot be cured by injections of carbolic acid. Injections into external hemorrhoids will invariably inflame them, and cause the patient much distress and will do him positive harm.

CHAPTER V.



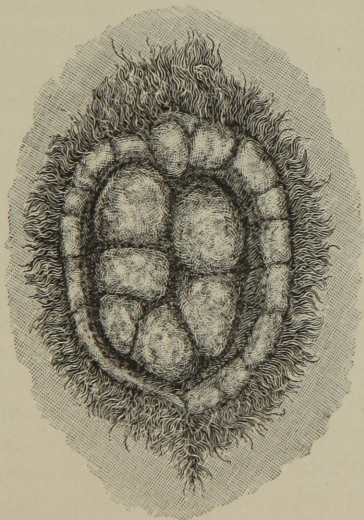
INTERNAL HEMORRHOIDS.

Internal hemorrhoids originate solely from the superior hemorrhoidal veins. These veins commence at the upper border of the external sphincter and lie immediately under the mucous membrane of the rectum. They run up the rectum about four inches, where they abruptly perforate the muscular coats, and unite to form the five or six large veins found in the meso rectum. These then join the inferior mesenteric veins, which pass into the splenic and portal veins, and thus enter the liver. This shows conclusively that there is a close relationship between internal hemorrhoids and diseases of the liver. The causes of internal hemorrhoids are nominally the same as those mentioned as causing or favoring the development of the external.

Internal hemorrhoids vary much

in size. They may be simply deep red velvety spots on the mucous membrane, or they may be as large as a quail egg. Some bleed profusely, while others do not. Some have haemorrhage of an arterial character, while in others it is altogether venous.

Internal hemorrhoids may be classified under three heads; capillary, arterial and venous.



Partially Prolapsed Internal Hemorrhoids.

Capillary hemorrhoids might with propriety be called *rectal naevi*, for in structure they are almost entirely hypertrophic capillary vessels and spongy connective tissue. They are always small and bleed readily and freely when touched. They never protrude unless accompanied by some other rectal disease, because they are situated very high up in the rectum. With this form of hemorrhoid there is always daily haemorrhage, and the loss of blood sooner or later renders the patient incapable of attending to his usual business affairs. The extreme debility and pallor is often frightful. In fact, all the bad symptoms resulting from capillary hemorrhoids are due to the daily loss of blood. They are so small that they cause no inconvenience, pain nor any other bad symptoms. In women, the capillary hemorrhoid is generally situated on an anterior wall of rectum. The capillary hemorrhoid after a certain length of time may become an arterial hemorrhoid; that is, the capillary net-work disappears and a

mass of arteries and veins bound together by connective tissue, takes its place, changed in appearance altogether, being round, smooth, hard and shiny. The connective tissue becomes more abundant, and an exudation of plastic lymph and fibrinous matter takes place beneath the mucous membrane, obliterating the capillaries and arresting the bleeding from the surface. These bleed readily when scratched, and you can feel at the upper part of each hemorrhoid a distinct arterial pulsation, sometimes as strongly marked as the radial pulsation. This symptom is never absent, and is of value in the diagnosis and treatment of the disease.

Arterial hemorrhoids are thus developed from the capillary, and the arteries and veins in such tumors are invariably dilated and varicose.

The bad symptoms in the capillary hemorrhoid, as before stated, are due to the excessive loss of blood; while on the other hand, the bad symptoms resulting from the arterial and venous varieties, are due to the

hemorrhoid itself, either from inflammation, ulceration, or from the action of the sphincter ani muscles. The arterial and venous varieties are apt to protrude at stools, on stooping over, and even in assuming the upright position. With these varieties there is generally an acid, gummy discharge from the rectum, which causes severe excoriations around the anus, and at the same time favors the growth of warty vegetations that produce the very disagreeable and annoying itching so common in such cases. If the sphincter be strong, the hemorrhoids are harder to reduce when they are prolapsed, and the danger of strangulation is much greater and the suffering more intense. If the sphincters are loose, the hemorrhoids are prone to prolapse on the slightest provocation; coughing, sneezing, stooping over or assuming the upright position is often a sufficient cause. When these tumors become ulcerated or denuded, alarming hæmorrhages often ensue. If they become prolapsed and the

sphincter is strong, and reduction is not promptly made, a very painful strangulation will result.

Venous hemorrhoids consist simply of a dilatation of large veins beneath the mucous membrane of the rectum. Later, these become hardened and hypertrophied by certain changes in the mucous membrane and sub-mucous connective tissue until they are a bluish hard tumor of variable size, smooth to touch, and prolapsing when the bowels move. They are not sensitive, do not erode or ulcerate, and are not prone to bleed. All three varieties may appear in the same person at the same time.

SYMPTOMS.

Internal hemorrhoids come on insidiously. The person affected rarely realizes that there is anything the matter with his rectum until, perhaps, he is startled by a profuse hæmorrhage, or he is annoyed and worried by the loss of his sexual powers.

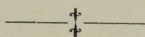
Hemorrhoidal diseases often produce many and varied symptoms,

none of which point significantly toward the real trouble. Often a patient is treated for weeks and months for obstinate stomach trouble, when in fact the symptoms are all due to reflex irritation, resulting from the presence of hemorrhoidal tumors. The bladder, the heart and the uterus are often treated unsuccessfully for a supposed disease, when in fact the organ is only affected by reflex irritation.

Again, the acid discharge may cause intense itching and so much discomfort, that he seeks his physician for treatment. There is, in fact, little or no pain associated with internal hemorrhoids until the tumor and its attached mucous membrane becomes prolapsed, and is caught and so tightly squeezed that it becomes strangulated. Then it is that he consults his physician. Then follows the sensation of the rectum being insufficiently evacuated. With these advanced cases there is more or less debility from loss of blood. In advanced stages of the hemorrhoidal

disease there is always a certain amount of nervous disturbance, such as despondency, sleeplessness, hysteria and irritability. These symptoms yield promptly when the cause is removed.

CHAPTER VI



In the treatment of internal hemorrhoids there are two indications to be considered, namely: Palliative and curative.

PALLIATIVE TREATMENT.

Rarely indeed, in advanced cases of piles, can the cure be effected without resort to operative procedure. Still it is always advisable to try some remedial measures, especially in mild cases. Again, no operation should be performed for the cure of hemorrhoids, which depend on other diseases until those diseases are cured or alleviated. For instance, a patient presents himself for treatment for hemorrhoids: you on inquiry find that he has been a long time sufferer from stricture of the urethra, and has to pass water frequently, straining hard each time;

in this case it would be sheer folly to proceed to operate for the cure of his piles until his stricture is cured; you may cure one, but in a week's time another appears, until discouraged he seeks another physician. I remember well my first case of this kind. A wealthy gentleman from a distance came to me to be treated for a severe case of internal hemorrhoids of long standing. I was doubly anxious to cure him, because I wanted the big fee he offered me, and besides his recommendations would be worth much. Pile after pile did I inject. Three were ligated, but alas, every time I examined his rectum a new pile would show up. What was the matter? Finally one day he complained of a great deal of trouble in making water. He said that he had gonorrhoea some years ago, and during the last four years had great trouble in passing water, remarking that he had to strain much before the water would come. The clouds had now lifted and I saw my way clear. The stricture was divulsed, and before he

knew it piles and stricture were well. Just so in the successful treatment of hemorrhoids in woman. If they are due to a retroverted or an anteverted uterus, you may inject, ligate and cauterize from now until doom's-day and your patient will continue to have piles.

Replace the uterus, and the hemorrhoids can surely be cured. In pregnancy when the piles are very distressing, and especially if the loss of blood is fast undermining your patient's health and strength, you are justifiable in operating at once. The records show that there is no danger of bringing on premature labor. In such cases you can inject, ligate, or use actual cautery and clamp.

The plethoric, the very corpulent, the heavy eater, and the habitual beer drinker, all are hard to cure. In such, the muscular coats of the vessels are lax and the walls of the rectum flabby, and without tone. In such cases you will do well not to guarantee a perfect cure, unless they will eat and drink less and take more exercise;

even then you will often fail and wish that you had never seen them.

It is in the various varieties of internal hemorrhoids that medicines and certain mineral waters have a salutary and often a most happy effect, especially in persons of a bilious temperament, or where there is torpidity of the liver associated with constipation. In these cases you will very often get excellent results from drinking enough Carlsbad or Friedrichshall water, to keep the motions liquid. The use of these waters should be long continued. The waters of Tate Epsom Spring, Tenn., and French Lick Springs, Indiana, are about as efficacious as the Carlsbad and Friedrichshall. Three or four grain doses of chloride of ammonium twice or thrice daily, also has a good effect in such cases.

Oil of sandalwood justly deserves mention as a remedy which relieves congestion and engorgement of the portal system, and also depurates the blood generally. Small doses of blue mass taken nightly for three or four

nights, often relieves the patient wonderfully, and favors the curative process.

Valerianate of zinc in one or one and a half grain doses, four times daily, has given better results in certain cases than any other remedy. How it acts to produce the beneficial results, I do not profess to know. It is especially indicated in cases when there is little or no hæmorrhage and where there is considerable nervous disturbance.

CONSTIPATION ASSOCIATED WITH HEMORRHOIDS.

The taking of physic indiscriminately, cannot be too severely condemned. It is a habit which will produce, in the course of time, dire results on the rectal mucous membrane. Fully one third of the rectal diseases that we are called upon to treat, come indirectly from the improper use of physics. Among the domestic physics, castor oil undoubtedly ranks first; and it ranks first as being the most irritating laxative to

hemorrhoids. It acts as an irritant to the rectal vessels, causes the piles to become engorged with blood, and, as a result, they prolapse and become strangulated, and strangulation means intense suffering. Castor oil should never be given where there are hemorrhoids. Castor oil taken habitually aggravates the constipation rather than cures it.

Sulphate of magnesium, sulphate of sodium, and rochelle salts are all very irritating to the rectal vessels, and tend to congest the hemorrhoids and cause them to prolapse. The only correct way to give the various salts mentioned, to persons suffering with hemorrhoids, is to give them in broken doses; for instance, one dram night and morning for a day or two.

Aloes has been in bad repute as a laxative for constipation associated with hemorrhoids, for many years. Aloes was once considered the prime cause of hemorrhoids, but it received its bad reputation on account of the improper way it was given. The

proper way to give aloes is in small doses, and repeated often, if necessary. Of the extract, one quarter or one half grain may be given three or four times a day. Tr. aloes et myrrh is an old but most elegant preparation, and in one half or one teaspoonful doses, acts wonderfully well. The following prescription is effective;

℞ Tr. aloes et myrrh.

Fl. ext. cascara sagrada aa.
℥ ii.

M. et Sig; Teaspoonful two or three times a day, or as needed.

Warner's pil aloin, belladonnae et strychniae has a most happy effect in relieving constipation without the slightest irritating effect on the piles. The various preparations of rhubarb act nicely.

Dr. Sam'l Jackson, of Pennsylvania, prescribed rhubarb in the following manner: "The patient should masticate a small piece of the root for fifteen or twenty minutes and then swallow the whole mass with his saliva." To avoid the disagreeable taste, he advises patients to chew it on their

front teeth. Ten grains of the root thus chewed is more operative than five times the amount of the powder. Senna is the safest domestic laxative known, useful in all cases, and entirely free from any irritating effects. Cascara sagrada is also justly famed as a reliable and harmless laxative. Sulphur has been especially recommended in hemorrhoids for ages, and it has lost nothing of its reputation, even in late years.

The following is an effective combination:

℞ Sulphur ʒ i.
Fl. ext. Senna.
Tr. aloes.
Tr. rhei aa. ʒ i.

M. et Sig: One or two teaspoonsful two or three times a day.

Another pleasant and very effective laxative is Wyeth's elixir wahoo in tablespoonful doses two or three times a day. This remedy never congests or inflames hemorrhoids.

Cream of tartar (potassium bitartrate,) is one of the best and most cooling laxatives known, in cases of

hemorrhoids. It should be given in one or two dram doses, in sirup.

The following prescription will be found a most admirable and efficacious laxative, and at the same time is calculated to have a curative effect on the constipation and to prevent hemorrhoids:

℞ Patassii bitartras.

Sulphur loti.

Pul glycyrrhizae comp aa ʒii.

M. Sig. One or two teaspoonfuls once or twice a day.

The best way to administer the above powder, is to rub it up with sirup. One of the happiest combinations of drugs, and one very potent and reliable, is the following:

℞ Ext. nucis vomicae gr. x.

“ belladonnae gr. x.

“ physostygmatis gr. v.

Aloin gr. iv.

Ol. caryophilli gtt v.

M. Ft. Caps No. xx. Sig. One night and morning, or as needed to regulate the bowels. In cases where there is considerable rectal tenesmus, associated with acid mucus dis.

charge, as generally accompanies arterial hemorrhoids, or in common parlance, "white piles," the following prescription will be found of signal value:

R. Acidi sulphurici dil. ℥ iii
Magnesium sulph. ℥ i.
Aquae chlorformi ℥ iii.
Syr. limonis ℥ i.
Aquae qs ad ℥ vi.

M. Sig. Tablespoonful two or three times a day in one quarter glass of water. Gentle galvanization daily, will often relieve obstinate constipation. It is best done by inserting an electrode into the rectum and to this attach the negative pole, while the right pole is attached to an electrode either with a sponge or metallic end. The positive electrode is now slowly passed along the course of the ascending, transverse and descending colon. The seance should last from fifteen minutes to half an hour. The strength of the current should, at first sitting, be mild and pleasant, say eight or ten cells, gradually increasing to twelve or fifteen.

Massage along the course of the colon will stimulate peristaltic action, and also favor the flow of blood through the portal system.

ENEMA. — Injection of different fluids into the rectum for the purpose of moving the bowels, is as old as the hills. It is a remedy of great value when used rightly, and a dangerous one if not used properly. To accomplish good, an enema should be copious, at least a pint and a half or a quart each time. Ordinarily the fluid should be about milk warm, but in cases where the piles and mucous membrane prolapse very readily it is best to use cold water. The injection of ice cold water is not contraindicated in many cases. I have used injections of ice water in a six months old infant, and also in weakened, jaundiced persons, with good results.

Dr Curling says: "that in case of internal hemorrhoids, half a pint of cold spring water, thrown into the rectum, has a very beneficial effect on them, by constringing the vessels and giving tone to the rectal walls."

Care should always be taken in giving ice cold or even cold injections. Never allow your patient to take cold injections immediately after eating. It is dangerous. I have seen some very alarming attacks of collapse, and congestion of the bowels result from such practices. Always have the patient take his enema before breakfast, and instruct him to inject slowly. Enemas should be taken when lying down with the hips elevated.

HÆMORRHAGE.—It is the loss of blood that plays havoc with many. To arrest it, use suppositories of subsulphate of iron, from two to five grains in each. Subsulphate of iron is a decided sedative in these cases, as well as a haemostatic.

The following injection is of much value in arresting hæmorrhage:

℞. Monsels solution of iron ʒ iii.
Aquae ʒ iii.

M et Sig. Inject half at once and repeat in fifteen minutes, if there are no appreciable results. If the hæmorrhage is persistent and the patient

very weak and anaemic give the following capsules:

R_x. Ferri sulph. ʒi.

Ext. belladonnae gr. vi.

Ergotinae ʒi.

M. Ft Caps No. xxiv. Sig. One three times a day.

The following is also a most valuable tonic.

R_x. Acid arseniosi gr. i.

Ferri albumenate ʒiiss.

Quiniae sulph. ʒii.

Ext. taraxaci qs.

M. Ft. Caps No. xx, Sig. One after each meal.

If the hæmorrhage come from a capillary hemorrhoid, the application of nitric acid will arrest the hæmorrhage and often benefit the patient. In the other varieties of internal hemorrhoids, nitric acid never benefits but does positive damage.

INFLAMED AND STRANGULATED HEMORRHOIDS.

If from any cause internal hemorrhoids become prolapsed, an effort should be made at once to reduce

them before they become inflamed and strangulated. To reduce them, when caught in a strong sphincter, and held as in a vise, place the patient with the face downward, and with the hips well elevated. Smear vaseline or olive oil freely over them, and if they be extremely sensitive, use a small injection of olive oil and cocaine into the rectum, and also wet the hemorrhoids freely with the same solution. Wait a few minutes and then pass a finger into the rectum and with the other hand make firm but gentle pressure. If they are too much inflamed or too sensitive, it is advisable not to make any effort at reduction, but apply ice bags, or hot hop tea, whichever is the most agreeable to the patient. The following ointment will be found to afford much relief, where they are much strangulated and inflamed:

℞ Ext. belladonnae ʒ ii.

“ aconiti ʒ ss.

“ opii aq. ʒ ii.

Cocaine mur. gr. v.

Glycerinae ʒ i.

M. et Sig. Apply constantly on cotton, to the affected part, until relief is obtained.

Leeches applied at the verge of anus often afford considerable relief. Slitting the tumor open with a sharp knife and turning out the clot gives much relief.

The following prescription is said to be a "sure cure" for prolapsed and inflamed hemorrhoids. I have been informed by intelligent and reliable persons that its effects were often magical:

R. Hydrag chlor. mite. ℥ iii.

Bismuth s. nit ℥ iii.

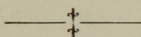
Pul. opii ℥ ii.

Pul. belladonnae ℥ ii.

Unguent. Aesculus flav. ℥ ii.

M. Sig. Apply constantly to the hemorrhoids until relieved. The *aesculus flava* is the common buck-eye, so common in the western states. The nut or roots are used, having been first dried and then grated or reduced to a powder. The virtue of the ointment lies in the buck-eye. To make the *ung. aesculus flav.*, add from ℥ ii to ℥ iv buck-eye powder to ℥ i of lard.

CHAPTER VII.



CURATIVE TREATMENT.

After palliative measures have been tried sufficiently, with no appreciable results, or the palliative treatment has been directed toward removing the primary cause, the question naturally arises, how can this patient be cured the quickest, surest and with the least pain? The clamp and cautery, the ligature and nitric acid treatment are very painful and invariably confine the patient to the bed for the space of from one week to one month. The treatment of hemorrhoids by injection of carbolic acid into the pile tumor is comparatively painless, does not confine the patient to the bed, and is sure and quick. This remedy, then, answers the question, and we will only con-

sider the subject of curing hemorrhoids by the injection of carbolic acid solutions.

Dr. Kelsey, of New York City, the author and celebrated specialist on rectal diseases, in his last volume on Diseases of Rectum and Anus, says: "The treatment of hemorrhoids by injection of certain substances, chief of which is carbolic acid, may now, I believe, be accepted as a surgical procedure of a certain definite value, and one worthy of a place among the recognized means of cure at our command.

"Originating, as it did, among quacks, it has been looked upon with suspicion, and its adoption by the profession has been followed by the accidents which generally attend a new remedy, before its application is fully understood; but this does not diminish its real value. * * * * For the past year I have treated nearly every case of internal hemorrhoids for which I have been consulted, by this method alone, and the favorable view regarding it in my former edition has only

been confirmed by subsequent experience."

In regard to the strength of the solution to be injected, there is much diversity of opinion among medical men. If too strong a solution be used it will be far from a painless operation, and there is also *much danger from sloughing, abscesses, embolism, dangerous hæmorrhage and confinement to the bed for weeks or even months*. If I had to be treated for hemorrhoids, and had the choice of either the ligature or strong injections of carbolic acid, I would take the ligature first, last and all the time.

Dr. Andrews, of Chicago, in his work on Rectal and Anal Surgery, tabulates 3,304 cases treated with carbolic acid injections with thirteen deaths. It is but fair to state that every death, so far reported, has been from too strong a solution of carbolic acid. In fact the only safe way in treating any disease is the middle way. *In media tutissima via*.

The first solutions used ranged

from ninety-five to thirty per cent. carbolic acid. Thirty per cent. solutions were considered too weak and too uncertain. Is it any wonder, therefore, that there were deaths, abscesses, sloughing and bedridden people from these strong injections? It is always easier to repeat an operation in case of failure, than to make a new rectum, hence always use a weak solution, and if it fails, try, try again. I now propose to give you the formula of some of the leading pile injections, in order to show why so many physicians have had bad results from the use of carbolic acid.

The following is the formula of the Brinkerhoff pile injection:

R \acute{e} . Carbolic acid $\bar{3}$ i.

Olive oil $\bar{3}$ v.

Chloride of zinc gr. viii.

Mix Sig.

Inject into largest pile 8 minims.

“ “ medium “ 4 to 6 “

“ “ small “ 2 or 3 “

Club-shaped painless piles near orifice
2 minims.

The Brinkerhoff injection is mild; only a twenty-seven per cent. solution.

The following is "Pratt's favorite pile injection:"

℞. Carbolic acid crystals ʒ ii.
Glycerinae ʒ ii.
Fl. ext. ergot ʒ i.
Water ʒ iss.

M. Sig. Insert the needle well into the pile tumor and inject the fluid slowly until the tumor turns a greyish white color.

Dr. Pratt as a general practitioner, is homœopathic, but according to his formula he is an extreme allopath in his treatment of piles. *His solution is only about fifty per cent.*

The following formula is the alleged painless injection of Dr. Green, a traveling pile doctor:

℞. Carbolic acid ʒ i.
Creosote gtt x.
Acidi hydrocyanic gtt i.
Olive oil ʒ i.

Mix and unite under water. Sig. Inject enough to cause the tumor to turn an ashy grey color.

The use of carbolic acid as an injection into pile tumors dates as far back as 1871. About that time the newspapers were filled with cards announcing that Dr. So-and-so cured piles without knife, pain, hæmorrhage or confinement to bed. A Doctor named Mitchell, residing in the village of Clinton, Ills., first conceived the idea of treating hemorrhoids by injections of carbolic acid solutions. He used at first a solution of equal parts of olive oil and carbolic acid. The formula was given me in 1876, and was tried at once on three patients. It worked very well on two of them, but the third one had a huge slough form that laid him up for a month. It was apparent to me at once that the solution was too strong. I tried a 20 per cent., then a 15 per cent. solution. These gave a much better result; still there was too much smarting at the seat of injection. Since 1885 I have rarely used a stronger solution than 5, and very often a 3 per cent.

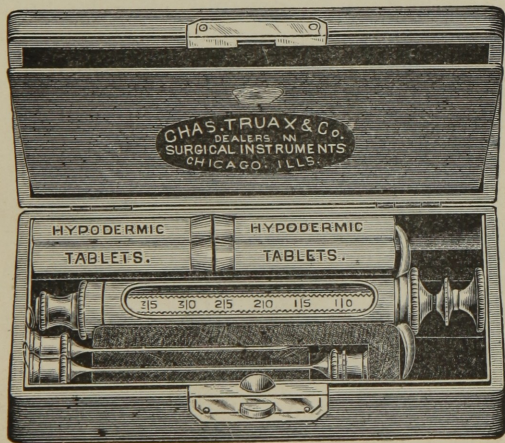
To make a five per cent. solution:

R Acidi carbolici gr. xxiv.
Aquae dist. $\bar{3}$ i.

To make a three per cent. solution:

R Acidi carbolici gr. xviss.
Aquae dist. $\bar{3}$ i.

I give the above formulae in order that there can be no mistake in preparing the solutions. Only recently I had $\bar{3}$ iss of carbolic acid added to the ounce and sent to me for a five per cent. solution.



Aside from the prick of the hypo-

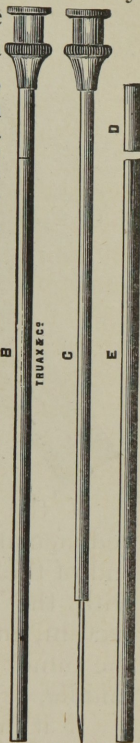
dermic needle there is no pain, whatever, save a slight momentary stinging or burning sensation. In fact, with these weak solutions, the most sensitive and nervous subjects only, say: "that stings just a moment."

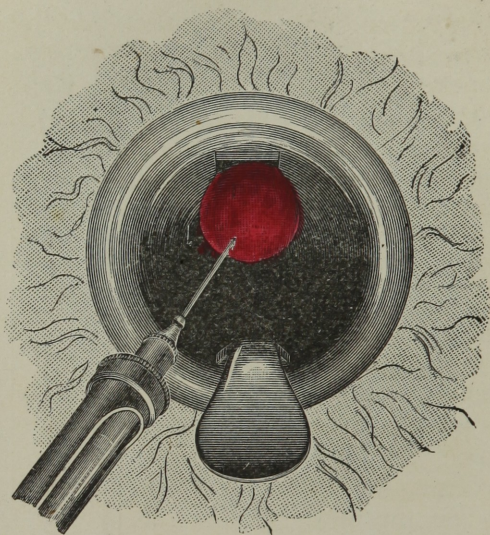
There is no shock and no nausea from the inhalation of ether, as in the other curative measures. The operation is finished in a few minutes, and your patient can go about his business, forgetful that he has had an operation performed on his rectum. Before injecting hemorrhoids, as in every operation on the rectum, the bowel should be washed out with a little tepid water.

THE OPERATION.

Having placed the patient in the proper position, inject a dram or two of olive oil into the rectum, and then, after having oiled the speculum, introduce it. If you have a slide speculum withdraw the slide about half way out and then tell the patient to strain down as if he were going to have a movement of the bowels. If

there are any piles on that side they will drop down into the opening. If you have a long hypodermic needle, you can inject the pile in situ. If you have no long needle, then you must pull or drag the tumor down by means of a tenaculum or forceps. In case it is necessary to drag the pile down, the patient will be saved needless pain by saturating a pledget of cotton with a ten per cent. solution of cocaine and applying it for a few minutes. When the pile has been prolapsed, either by straining, dragging with forceps, or fingers, the needle can then be inserted. If the pile tumor be round or oval in shape, insert the needle at its apex and run it down perpendicularly to the base, as shown in the following cut:

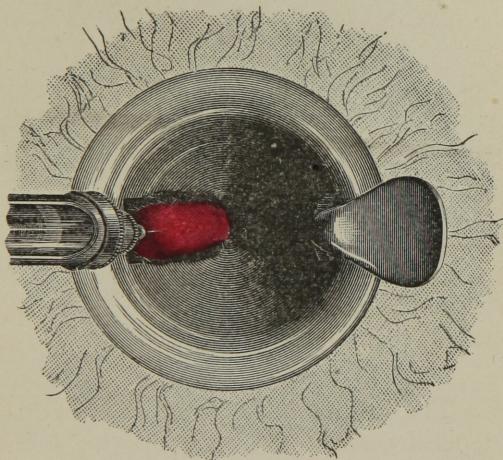




If the pile tumor be long and pedunculated, insert the needle at the end of the longer diameter, on a level with the mucous membrane of the rectum, and push it horizontally into the tumor until you have reached the middle, as shown in cut Y:

If it be a capillary hemorrhoid, small, slightly elevated, looking like a raspberry, and bleeding freely on touch, insert the needle, if the mass be

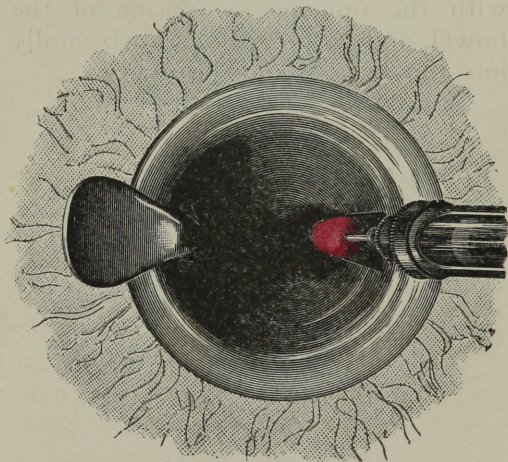
small, into the centre and push perpendicularly down to base. If the mass be large, insert the needle into the edge, at the widest part, on a level with the mucous membrane of the bowel, and push the point horizontally into the base, as shown in cut Z.



(Cut Y.)

After having carefully expelled all the air from the syringe that contains the desired solution, insert the needle into the point selected on the pile and push it down to the base at

one movement. Now force the piston down slowly and easily, until from three to twenty drops of the solution are injected.



(Cut Z.)

The amount injected will always depend on the strength of the solution and the size of the hemorrhoid. Care must be taken that the point of the syringe reaches the very base of tumor, else there will be only sloughing of the mucous membrane, with a tendency to a severe hæmorrhage

and much unnecessary suffering. The base and foundation of the hemorrhoid would still remain intact and another operation would be necessary to cure it. It is a matter of the greatest importance that the needle be run deep enough. In fact the success of the operation depends more on reaching the proper depth, the very base of the pile, than on anything else.

If the pile be large, and it is desirable in your judgment to inject a strong solution, say ten, fifteen or twenty per cent., you can do it best in the following manner: Insert the point of the syringe into the pile tumor and push it well to the base, injecting from 10 to 20 drops of a 3 or 4 per cent. solution of cocaine; unscrew the syringe from the needle, and after waiting five minutes, inject the requisite amount of the solution. In using the weak solutions of carbolic acid (three to five per cent,) the previous injection of cocaine is not necessary, neither is it necessary in cases where a seven per cent. solution is

used, unless the subject be very nervous or sensitive. All solutions ranging from ten per cent. upwards, should be preceded by injections, as before described, of a cocaine solution.

In injecting pile tumors, with ergot, a combination with cocaine to form about a five per cent. solution of the latter drug, renders the pain trifling and of very short duration. Never inject more than one large hemorrhoid at a time. Strong solutions have no better effect than weaker ones. In fact they are never justifiable unless the pile tumor is of extraordinary size or very vascular. Unless cocaine injections precede a fifteen or thirty per cent. solution of carbolic acid, the pain is severe and almost unbearable, for from a half to two hours. Again, the sloughing and ulceration are always very considerable, and the annoyance often persistent. Severe bladder troubles sometimes follow strong solutions.

On the other hand, with weak solutions, the preparatory injection of

cocaine is unnecessary. There is no sloughing, no ulceration to speak of, and no bladder trouble. In view of these facts, why should one inflict pain unnecessarily? Why cause pain in an essentially painless operation?

Some have recommended that the needle be turned around and twisted in different directions while inserted into the hemorrhoidal tumor, in order that the acid may reach all parts of pile. But this, in my experience, is all unnecessary, and besides causes much pain. If, on withdrawing the needle from the pile, there is a tendency for the acid to ooze out of the wound, mixed with bloody serum, it is often advisable to lay some absorbent cotton around and over the pile. If a strong solution is being injected, it is a good practice to smear vaseline or oil on the mucous membrane of the rectum surrounding the pile, in order that the acid that escapes may not burn or cause discomfort. Again, if there be no hemorrhoids in upper part of rectum, pull the slide com-

pletely out, and again have the patient to strain down.

In the lower part of the rectum, the hemorrhoidal tumors can be readily injected, in place, without prolapsing, with any ordinary hypodermic needle. When a pile is dragged down and injected, it must be quickly pushed up into place, or else you will have a strangulated and inflamed pile on hand to treat. It is best not to inject too many piles at one sitting, two small ones or one large one being sufficient. If the injected hemorrhoids have been prolapsing very easily, it is advisable to lock up the bowels for a few days to prevent their coming down and getting strangulated. It is seldom necessary to insert suppositories of opium or other substances after the injection of hemorrhoidal tumors, although some physicians make a practice of doing so in every case.

In capillary hemorrhoids where the hæmorrhage is profuse and exhausting, I apply first nitric acid, c. p. with a cotton tipped probe. The hæmorrhage stops, and in about a week or

ten days, inject a few drops (3 or 5) of a five per cent. solution of carbolic acid. This will generally suffice for the permanent cure. It is in this variety of hemorrhoids that nitric acid acts like magic in controlling the hæmorrhage and starting the patient on the road to recovery. In this variety it is most important to get the injection deep enough, for if superficial it will cause a slough, and a most alarming hæmorrhage is liable to ensue. You must reach the capillary net work with your injections if you would get satisfactory results, in these, as well as in other varieties of hemorrhoids.

M. Vernuil and M. Fontan, the celebrated French surgeons, claim to radically cure a large proportion of hemorrhoids by means of stretching the rectum. The operation consists of simply dilating both the external and internal sphincters, with dilating instruments, or by introducing two fingers of each hand into the rectum and slowly and gently pulling the sphincters in opposite directions until they are partially or completely par-

alyzed. These surgeons claim that this method is perfectly painless and the most satisfactory of all methods.

I have also used the following method successfully in treating at least a dozen bad cases of internal hemorrhoids:

℞ Cocaine muriate gr. vi.
Morphiae sulph. gr. iv.
Fl. ext. ergotae $\frac{3}{4}$ i.

M. Sig: Add one dram of the above to one dram of hot water and inject into the rectum with a p. p. syringe, night and morning. You will find this method very successful in many cases where the delicacy of the patient prevents your performing an operation.

A report of a few cases here, may not be out of place, and may serve to illustrate what results can be expected from the treatment under consideration.

Prof. L. W. called on me for treatment January, 1880. He was 60 years old, and had suffered from piles for ten years. They prolapsed and bled occasionally, and he was very

much emaciated. I injected at first the largest one, on posterior wall, with a ten per cent. solution. In two weeks more I injected a couple of small ones; in about a month the membrane ceased to prolapse so badly, and the old gentleman gradually became restored to health. A small slough on posterior wall following third injection was the only unfavorable event in the history of the treatment of this case. This slough healed readily, and caused little trouble.

John B., a farmer, 29 years old, came to me June, 10, 1883, with an aggravated case of hemorrhoids and prolapsus of rectal mucous membrane. He was weak and debilitated from loss of blood. His bowel, as he told me at the time, would come down almost a finger's length on the slightest provocation. His piles were injected with a five per cent. solution of carbolic acid, and everything went well until after the third treatment. After this treatment he rode home, some ten miles in the country. The jolting of the farm wagon caused the injected

mass to become prolapsed, and long before I could reach him it had become swollen and irreducible. The tumor was slit open and the clots all turned out. He became easier at once, although confined to his bed for several days. With this exception, he progressed satisfactorily and was discharged cured in about nine weeks.

Miss A., aged 22, seamstress, was finally compelled to seek a physician, owing to a severe and exhausting hæmorrhage; she was very much emaciated and her face was almost colorless. On examination a strawberry like tumor, of a velvety nature, only slightly elevated above the surrounding mucous membrane, was discovered. Blood oozed from it on the slightest touch. Recognizing it as a capillary hemorrhoid, I at once applied nitric acid. She returned in a week feeling much better, and reported only one small hæmorrhage. I now injected the pile with a ten per cent. solution of carbolic acid. The needle point was entered at the edge of the widest part of the mass, and on a level with

the mucous membrane of the bowel, and was pushed in until it had fairly reached the centre of the pile. The piston was then pushed home and the operation was complete. In this case a small but deep slough formed which required about a month to heal. She has not in three years had any return of the old trouble, and is in excellent health.

Mrs. R—, married, aged 28, has had much trouble with her rectum. Six years ago she had an irritable ulcer, due to a polypoid growth. The growth was removed, the sphincter stretched and for a time she was well. Finally she became constipated, and as a result strained with each stool; this caused the piles to become prolapsed and strangulated. After her recovery from this, she had a little rest for a few months. About eight months ago she consulted me, and on examination I found a mass of hemorrhoidal tumors, numerous and large. She was nervous, and at times almost hysterical. She had great trouble and exquisite pain whenever

she passed water ; at the same time there was decided vaginismus. Pile after pile was injected; each day she became better, and at the end of six weeks she could pass water without pain or discomfort. She was under treatment about four months, and was entirely free from any rectal or bladder trouble the last time I saw her.

W. B. C., aged 22, married, suffered for three years with internal hemorrhoids. During the last six months before treatment he became very much exhausted, owing to great loss of blood. Commenced treating him August 14th, 1885, using the three per cent. solution of carbolic acid. Discharged him cured without any loss of time on September 28; there was no sloughing or pain in connection with the treatment.

R. J. S., aged 36. Has had piles for several years. First consulted me for loss of sexual power. On obtaining a complete history, I was sure that a part of his trouble was due to an aggravated case of hemorrhoids, The impotency in this case was purely

reflex, due to presence of the piles. I commenced injecting them with a five per cent. solution. He progressed rapidly, and was discharged cured in about two months, without sloughing or loss of time.

F. E., Monitor, Ind., married, aged 30, consulted me in 1879, for continued and alarming hæmorrhage from the rectum. He was pale and weak, and walked with tottering gait. On examination two small capillary hemorrhoids were found on the anterior wall of rectum. I applied first, nitric acid, c. p. This arrested the hæmorrhage, and in about a week I injected both with a ten per cent. solution of carbolic acid. In this case I pushed the needle through the center of the pile and the hæmorrhage that followed was very copious, and oozed for a day. He returned in about three weeks, having had no pain or hæmorrhage. The place where the pile had been was still visible, being much redder than the surrounding tissue. The application of a solution (30 grains to ounce) of

nitrate of silver, three or four times at intervals of five days, removed all signs of piles. He was discharged cured in two months.

Jno. L., Mulbery, Ind., aged 30, called on me in August, 1886, and showed up the finest crop of piles ever seen in any one person. He had had nitric acid applied, and as a result two of the piles were ulcerated, bleeding and painful. These were attacked first with a five per cent solution of carbolic acid, and both were injected the same day. He returned in about two weeks, and this time I injected P. D. & Co's. liq. ergot. purificatus, five drops. He said it smarted a little more than the acid. The result in three weeks' time was equally as good as with the carbolic acid. He was treated in this manner, first using the carbolic acid solution and then the ergot, until he was discharged. There was no sloughing nor any loss of time.

C. C. T., aged 33, single, farmer, consulted me about his piles, a little over a year ago. They did not bleed but came down badly, and had been

strangulated once. They were small and hard, of the arterial variety. They were injected with a two per cent. solution of acetic acid. The water used in making this solution was carbolated, as are all my hypodermatic solutions.

The result was very satisfactory, and complete, but much more pain was suffered at the time of injection. He was discharged cured in about six weeks.

A. C., called on me January 10th, 1880, suffering from internal hemorrhoids. Dr. ——— had ligated his brother's piles, and he had been confined to his bed for three weeks. During the first part of his confinement his sufferings were horrible. When A. C. called, he said, "I don't want any ligation in mine." He was about thirty years old and had suffered with piles for years, but the dread of an operation had caused him to postpone the operation. The piles and membranes would completely prolapse on the slightest provocation, such as

sneezing or coughing. At first I injected the two piles nearest the sphincter with a carbolic acid solution. Three days afterwards I injected twenty drops of liq. ergot. purificatus P. D. & Co's. at verge of anus, (about one quarter of an inch from the anus.) In about ten days one more large pile was injected. At the same time the injections of ergot into the tissues near anus were kept up until fourteen injections were made. At that time he had for the first time in five years, a passage without any prolapsing of the bowels. He was discharged perfectly well and free from any rectal disease after three months treatment. The only pain he suffered was from the injections into the tissues surrounding the anus.

G. W. L., of Odell, Ind., came to me Sept. 10th. 1885, suffering from piles; his rectum was relaxed and protruded fully two and a half inches with each stool, and as a result he was nervous, worn out and despondent. He visited me twice a month for three months and then said he felt as well

as ever. Still in my judgement he was not well. I did not see him any more until about March 1 '86. He was then more despondent than ever; saying he knew that his case was hopeless. His bowel prolapsed as badly as ever, and he had had two hæmorrhages recently. On examination, two small elevations; red, hard and ulcerated were found. These were the bases of the last two piles that I had injected. They had not been injected deep enough to cure the piles, but had caused them to slough off and leave the bases of the pile tumors, the same as before the operation. I now injected deeply into the base of these stumps, a six and a half per cent. solution of carbolic acid, and had him come in every ten days to have an injection into the tissues around the anus, for the cure of the prolapsus. He was discharged cured about the last of April. This case will show how important it is to have the injection deep enough. According to Kelsey, carbolic acid injections, while curative for hemorrhoids, have

at the same time a curative action on the prolapsed rectal mucous membrane. This is my experience also. By curing the hemorrhoids you lessen the cause and remove the tendency to prolapse, and at the same time restore tone to the muscular walls. How these injections produce their curative action no one seems to know, still, any one who has treated hemorrhoids by carbolic acid injection, must have noticed how readily and promptly the prolapsed membrane acquires tone and ceases to come down as much as usual, becoming better with each injection.

A tendency to prolapse though, will continue in a modified degree, until all the piles are cured. Then a few injections of carbolic acid or ergot into the tissues around the verge of the anus will give tone and cure the prolapsus without any trouble or delay.

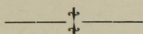
In cases where the rectal mucous membrane, uncomplicated with piles, prolapse, either partly or completely, the best of results may be obtained

from injections of either carbolic acid solutions, varying from five to ten per cent., or Parke, Davis & Co's liquor ergotae purificatus in from ten to thirty drops. The injections should be made into the tissues about one quarter of an inch from verge of anus. These injections should neither be too strong, repeated too often, nor of too large an amount. It is best not to inject oftener than once each week. More or less pain always follow these injections, and I have, as a rule of late, always combined enough cocaine with each substance used, either carbolic acid or ergot, to make the strength four per cent. of cocaine to each solution. The needle should be run down into the tissues about one quarter or one half inch. Generally speaking, while you are curing the hemorrhoids by injections, you are at the same time curing, and restoring tone, to the prolapsed rectal membranes.

About the first question asked by the patient will be, how long will it take you to cure me? Well that depends entirely on the patient, his

habits, the severity of the case, and his general condition. Generally it will take from two to four months. It is not a good idea to inject piles oftener than once in two or three weeks.

CHAPTER VIII.



GENERAL REMARKS.

Never inject a pile when inflamed. It will only aggravate the trouble and perhaps confine your patient to his bed and thereby bring yourself and method into disrepute.

Never inject external cutaneous tags. It will only cause them to become inflamed and perhaps suppurate, causing pain and suffering for naught.

External cutaneous tags can be almost painlessly removed by first injecting them with a four or six per cent solution of cocaine and then cutting them off with sharp scissors.

In selecting hypodermic needles for injecting hemorrhoids always get the smallest. Do not push the piston of the syringe down rapidly or you may inject too much fluid before

you are aware of it. In injecting strong solutions of carbolic acid always stop when the pile begins to turn a grayish white.

A persistent diarrhoea, following a case of hemorrhoids that has been treated by carbolic acid injections, indicates a slough or a rectal ulcer.

Repeated hæmorrhages from the rectum in persons that have been treated or are under treatment by carbolic acid injections, indicate a superficial slough resulting from a too shallow injection into pile tumor or a deep slough from too strong a solution.

Hæmorrhage from the rectum is also a prominent symptom of many diseases of that organ. Hæmorrhage of an arterial character occurring immediately after or during a movement of the bowels indicates the presence of internal arterial hemorrhoids. If the hæmorrhage is of a venous character and occurs during or after a movement of the bowels, it indicates the presence of internal venous hemorrhoids. If the hæmorrhage is of an arterial character, and profuse, occur-

ring after a passage from the bowels, and oozes slightly for an hour or so afterwards, it indicates the presence of a capillary hemorrhoid. Recurring attacks of diarrhoea and hæmorrhage indicate rodent ulcer.

If the loss of blood is small and is accompanied with diarrhoea and a foul smelling, sanious, watery discharge, together with a dull gnawing, nearly constant pain, look out for cancer of the rectum. Hæmorrhage occurring at intervals, with sharp, shooting pains and lasting an hour or more after evacuation of the bowels, accompanied by a protrusion of something from the anus, which retracts spontaneously, points to a rectal polypus and irritable fissure combined.

Chronic diarrhoea, alternating with constipation, accompanied by a feeling as if the rectum was imperfectly emptied, and the passage of a jelly like or white of an egg substance, indicates a rectal ulcer. Obstinate uterine troubles, painful and frequent micturition and chronic nervous affections from obscure

causes, often point toward hemorrhoids, polypi or rectal ulcer. Loss of sexual power and seminal emissions in young men, especially where the cause cannot be located, may depend on, or result from hemorrhoids, polypi or rectal ulcer.

It is not necessary to lay down elaborate rules of diet, but simply tell your patient to keep regular hours, to avoid alcoholic drinks, and not to over load the stomach.

Always impress upon the patient's mind the urgent necessity of keeping the bowels regular. Inform him that unless he does so, the hemorrhoids are liable to return. Patients should also be warned against taking too much or violent exercise. Excessive venery should also be avoided. In order to treat any disease successfully the slightest details must be looked after, and this is especially true in the treatment of hemorrhoids. Decide first of all the cause, and when possible remove it. Then you can operate with every promise of success. It is also advisable to keep your eye on

the patient for a time after the piles are cured, and make him understand that the hemorrhoids are liable to return if he does not look well to the condition of his bowels, his liver and his general health.

During the last two years I have used solutions of different medicines in place of carbolic acid for the treatment of hemorrhoids. The following solution of glacial acetic acid was used most effectually:

℞ Cocaine muriate gr. vi.
Glacial acetic acid gtt. vi.
Acidi carbolici gtt. v.
Aquae dist. ℥ i.

M. Sig: Inject from five to ten drops into the hemorrhoid. These injections caused considerably more pain than the carbolic acid injections.

The following preparation of ergot was also used with good results:

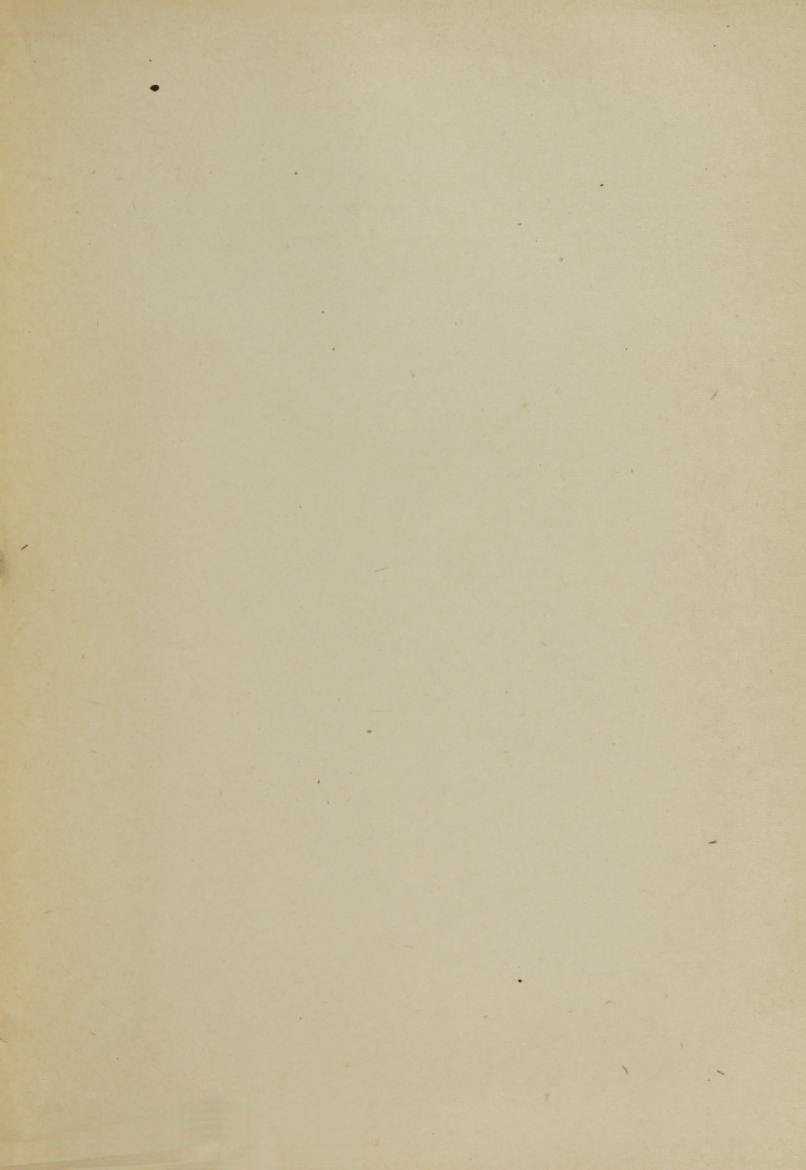
℞ Cocaine muriate gr. vi.
Liq. ergotae purificatus ℥ i.

M. Sig: Inject from five to ten drops into the hemorrhoid. This injection was not so painful as the acetic acid, but more so than weak

carbolic acid solutions. I never had any sloughing from the ergot or ergotine, and only one case of sloughing on a small scale from acetic acid.

THE END.

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